

**Introduced by Senator Hernandez**

February 18, 2016

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An act to amend Section 136000 of the Health and Safety Code, relating to health care.

**LEGISLATIVE COUNSEL'S DIGEST**

SB 1159, as introduced, Hernandez. Health Care: Office of Patient Advocate.

Existing law establishes the Office of Patient Advocate within the California Health and Human Services Agency, to provide assistance to, and advocate on behalf of, health care consumers. The duties of the office, include, among other things, compiling an annual publication, to be made available on the office's Internet Web site, of specified information relating to certain publicly operated consumer assistance centers.

This bill would require the office to log, and include in the annual publication, a call center's record of answering calls within 30 seconds, the number of abandoned calls, and the number of busy messages sent to consumers.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1     SECTION 1. Section 136000 of the Health and Safety Code
- 2     is amended to read:
- 3     136000. (a) (1) The Office of Patient Advocate is hereby
- 4     established within the California Health and Human Services
- 5     Agency, to provide assistance to, and advocate on behalf of, health

1 care consumers. The goal of the office shall be to coordinate  
2 amongst, provide assistance to, and collect data from, all of the  
3 state agency consumer assistance or patient assistance programs  
4 and call centers, to better enable health care consumers to access  
5 the health care services to which they are eligible under the law,  
6 including, but not limited to, commercial and Exchange coverage,  
7 Medi-Cal, Medicare, and federal veterans health benefits.  
8 Notwithstanding any provision of this division, each regulator and  
9 health coverage program shall retain its respective authority,  
10 including its authority to resolve complaints, grievances, and  
11 appeals.

12 (2) The office shall be headed by a patient advocate appointed  
13 by the Governor. The patient advocate shall serve at the pleasure  
14 of the Governor.

15 (b) (1) The duties of the office shall include, but not be limited  
16 to, all of the following:

17 (A) Coordinate and work in consultation with state agency and  
18 local, nongovernment health care consumer or patient assistance  
19 programs and health care ombudsperson programs.

20 (B) Produce a baseline review and annual report to be made  
21 publically available on the office's Internet Web site by July 1,  
22 2015, and annually thereafter, of health care consumer or patient  
23 assistance help centers, call centers, ombudsperson, or other  
24 assistance centers operated by the Department of Managed Health  
25 Care, the Department of Health Care Services, the Department of  
26 Insurance, and the Exchange, that includes, at a minimum, all of  
27 the following:

28 (i) The types of calls received and the number of calls.

29 (ii) The call center's role with regard to each type of call,  
30 question, complaint, or grievance.

31 (iii) The call center's protocol for responding to requests for  
32 assistance from health care consumers, including any performance  
33 standards.

34 (iv) The protocol for referring or transferring calls outside the  
35 jurisdiction of the call center.

36 (v) The call center's methodology of tracking calls, complaints,  
37 grievances, or inquiries.

38 (vi) *The call center's record of answering calls within 30*  
39 *seconds, the number of abandoned calls, and the number of busy*  
40 *messages sent to consumers.*

1 (C) (i) Collect, track, and analyze data on problems and  
2 complaints by, and questions from, consumers about health care  
3 coverage for the purpose of providing public information about  
4 problems faced and information needed by consumers in obtaining  
5 coverage and care. The data collected shall include demographic  
6 data, source of coverage, regulator, type of problem or issue or  
7 comparable types of problems or issues, and resolution of  
8 complaints, including timeliness of resolution. Notwithstanding  
9 Section 10231.5 of the Government Code, the office shall submit  
10 a report by July 1, 2015, and annually thereafter to the Legislature.  
11 The report shall be submitted in compliance with Section 9795 of  
12 the Government Code. The format may be modified annually as  
13 needed based upon comments from the Legislature and  
14 stakeholders.

15 (ii) For the purpose of publically reporting information as  
16 required in subparagraph (B) and this subparagraph about the  
17 problems faced by consumers in obtaining care and coverage, the  
18 office shall analyze data on consumer complaints and grievances  
19 resolved by the agencies listed in subdivision (c), including  
20 demographic data, source of coverage, insurer or plan, resolution  
21 of complaints, and other information intended to improve health  
22 care and coverage for consumers.

23 (D) Make recommendations, in consultation with stakeholders,  
24 for improvement or standardization of the health consumer  
25 assistance functions, referral process, and data collection and  
26 analysis.

27 (E) Develop model protocols, in consultation with consumer  
28 assistance call centers and stakeholders, that may be used by call  
29 centers for responding to and referring calls that are outside the  
30 jurisdiction of the call center, program, or regulator.

31 (F) Compile an annual publication, to be made publically  
32 available on the office's Internet Web site, of a quality of care  
33 report card, including, but not limited, to health care service plans,  
34 preferred provider organizations, and medical groups.

35 (G) Make referrals to the appropriate state agency, whether  
36 further or additional actions may be appropriate, to protect the  
37 interests of consumers or patients.

38 (H) Assist in the development of educational and informational  
39 guides for consumers and patients describing their rights and  
40 responsibilities and informing them on effective ways to exercise

1 their rights to secure and access health care coverage, produced  
2 by the Department of Managed Health Care, the Department of  
3 Health Care Services, the Exchange, and the California Department  
4 of Insurance, and to endeavor to make those materials easy to read  
5 and understand and available in all threshold languages, using an  
6 appropriate literacy level and in a culturally competent manner.

7 (I) Coordinate with other state and federal agencies engaged in  
8 outreach and education regarding the implementation of federal  
9 health care reform, and to assist in these duties, may provide or  
10 assist in the provision of grants to community-based consumer  
11 assistance organizations for these purposes.

12 (J) If appropriate, refer consumers to the appropriate regulator  
13 of their health coverage programs for filing complaints or  
14 grievances.

15 (2) The office shall employ necessary staff. The office may  
16 employ or contract with experts when necessary to carry out the  
17 functions of the office. The patient advocate shall make an annual  
18 budget request for the office that shall be identified in the annual  
19 Budget Act.

20 (3) The patient advocate shall annually issue a public report on  
21 the activities of the office, and shall appear before the appropriate  
22 policy and fiscal committees of the Senate and Assembly, if  
23 requested, to report and make recommendations on the activities  
24 of the office.

25 (4) The office shall adopt standards for the organizations with  
26 which it contracts pursuant to this section to ensure compliance  
27 with the privacy and confidentiality laws of this state, including,  
28 but not limited to, the Information Practices Act of 1977 (Chapter  
29 1 (commencing with Section 1798) of Title 1.8 of Part 4 of  
30 Division 3 of the Civil Code). The office shall conduct privacy  
31 trainings as necessary, and regularly verify that the organizations  
32 have measures in place to ensure compliance with this provision.

33 (c) The Department of Managed Health Care, the Department  
34 of Health Care Services, the Department of Insurance, the  
35 Exchange, and any other public health coverage programs shall  
36 provide to the office data concerning call centers to meet the  
37 reporting requirements in subparagraph (B) of paragraph (1) of  
38 subdivision (b) and consumer complaints and grievances to meet  
39 the reporting requirements in clause (i) of subparagraph (C) of  
40 paragraph (1) of subdivision (b).

1 (d) For purposes of this section, the following definitions apply:

2 (1) “Consumer” or “individual” includes the individual or his  
3 or her parent, guardian, conservator, or authorized representative.

4 (2) “Exchange” means the California Health Benefit Exchange  
5 established pursuant to Title 22 (commencing with Section 100500)  
6 of the Government Code.

7 (3) “Health care” includes services provided by any of the health  
8 care coverage programs.

9 (4) “Health care service plan” has the same meaning as that set  
10 forth in subdivision (f) of Section 1345. Health care service plan  
11 includes “specialized health care service plans,” including  
12 behavioral health plans.

13 (5) “Health coverage program” includes the Medi-Cal program,  
14 Healthy Families Program, tax subsidies and premium credits  
15 under the Exchange, the Basic Health Program, if enacted, county  
16 health coverage programs, and the Access for Infants and Mothers  
17 Program.

18 (6) “Health insurance” has the same meaning as set forth in  
19 Section 106 of the Insurance Code.

20 (7) “Health insurer” means an insurer that issues policies of  
21 health insurance.

22 (8) “Office” means the Office of Patient Advocate.

23 (9) “Threshold languages” has the same meaning as for  
24 Medi-Cal managed care.